STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 2ª DATE KNOWN DE EASED NAME 2h HOUR MONTH TYPE OR PRINTI OF ESTI-Paul DEATH MATED Harry Boone 1519 87 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR IE UNDER 24 HRS 2c DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 1:30P Black DEAD 1519 DELAN IS NECESSAR I TO THE FUNERAL I IN PAGE 5 FOR YO BE FILED, WITHIN 1 BIRTHPLACE L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Oueen Anne's County, WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION for most of working life) Disabled OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sudlersville 300 near Duhamell Corner Rd. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 113e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Sudlersville Dogwood YES A Anne 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Lockerman Percy Roone 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN IAN SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) 213-14-7235 Bernice Tate Pondtown. MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL H AND MENTAL HYGIENE, D RANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) OF HEALTH / E 3 SHOULD BE USED. E DEPARTMENT OF HE 31 PRIOR TO BURIAL. 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XX MONTH DAY YEAR DED TO THE W 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR XX. CONTRIBUTING CAUSE OF DEATH 12:40M. 15 19 87 Driver in auto/tractor trailer impact 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 711 LOCATION COUNTQ.A. CO, MD. STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK AT WORK road Rt. 300 nr. Duhameel Corner Rd. Sudlersville. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR. PLATER DEATH, WITH THE ST BALTIMORE, MARMAND, 7 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Accident K death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1/16/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 736 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23d LOCATION Burial Rilev's Neck ington Kent 07/84 BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17**

Millington, MD

Fellows

(VR A15 ME (5))

BOX ZODAESS

Mary -- Mary

DHMH-16 60M 1/73

(VRA 15(4))

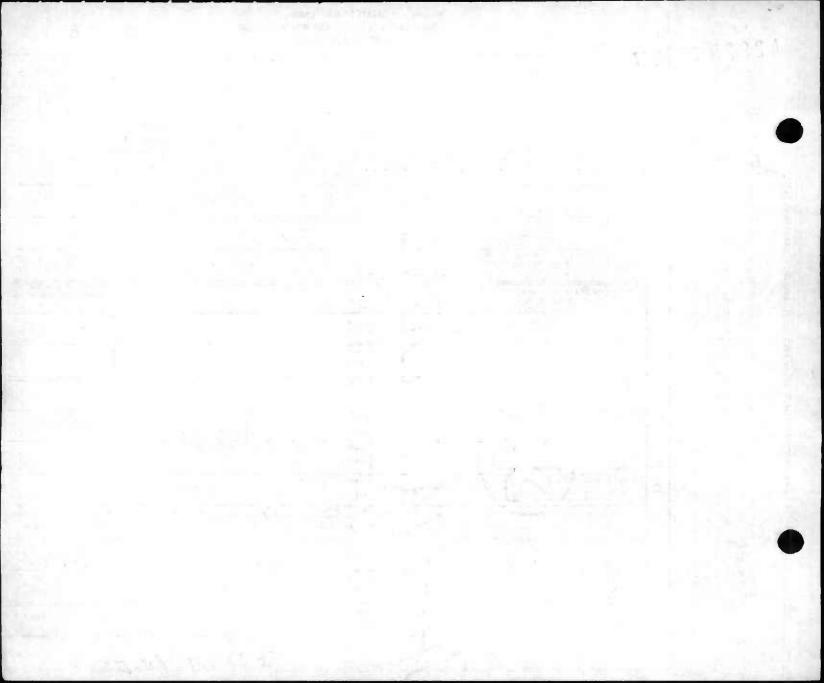
Fellows

042925

Table Spring Sp	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8 /	0 2	9 6	9
Maile Cauc Fob 22 DATE PODE Security DATE PODE PART DOTHER STATE OFFORESH TO COUNTY OF DEATH TO COUNTY DATE	1 DECEASED NAME	1 1 1 1					MONTH DAY	YEAR 26	HOI
STATE STAT		4. RAG	~	MONTH		6. AGE (IN YEARS LAST	MONTH		
SUGIESTAL STATE (FOR SUCH ACUTY OF DIMECTILITY HOME (IPPO MORE FOR MORE FOR MORE) UNIT OF THE STATE OF A STATE	COUNTRY) MD		USA	WIDOWE	DE DIVORCED	Queen	Anne's		
136. STATE 136. COUNTY 136. CHY OR TOWN 137. CHY OR TOWN 138. INSIDE CITY LIMITS? 138. SIREE ADDRESS 149. NO 159. NO 169. NO 169. NO 169. NO 169. NO 169. NO 169. NO 179.		(#	NOT IN SUCH FACILITY, GIVE STRE	EEJ ADDRESS) .		TYPE OF WORK FOR MO	ST OF WORKING LIFE) IN	IDUSTRY	
TAST George Hubbard Brinsfield Mary Orem Tast George Hubbard Brinsfield Mary Orem Tast George Hubbard Brinsfield Mary Orem Tast The Was Deceased Ever in u.s. Armed Forces? Tash Social Security No. 17 Informant Address The Was Deceased Ever in u.s. Armed Forces? Tash Social Security No. 17 Informant Address The Was Deceased Ever in u.s. Armed Forces? Tash Social Security No. 17 Informant Address Tash Social Security No. 17 Informant Address The Was Caused By Tash Social Security No. 18 Informant Wilder Deceased Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Informant Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Social Security No. 19 Information Address The Was Caused By Tash Security No. 19 Information Address The Was Caused By Tash Security No. 19 Information Address The Was Caused By Tash Security No. 19 Information Address The Was Caused By Tash Security No. 19 Information Address The Was Caused	13a. STATE	136 COUNTY	13c CITY OR TO	NWN	19.45			216	2
THE SECRET WAS CAUSED BY: PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoling like underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED. PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED	FIRST		rd Brinsf	ield	FIRST			M	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to] DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (1o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 211. ACCIDENT WAS UNDERLYING P.M. 19 212. AUGUST OR TOWN CITY OR TOWN COUNTY 213. BURIAL, CREMATION, REMOVAL 213. BURIAL, CREMATION, REMOVAL 213. BURIAL, CREMATION, REMOVAL 214. DATE 215. SIGNIFICANT COUNTY 215. SIGNIFICANT COUNTY 216. AUGUST OR TOWN COUNTY 217. AND COUNTY 218. ADDRESS CAUSE COUNTY COUNTY 218. ADDRESS COUNTY COUNTY 218. ADDRESS COUNTY COUNTY CITY OR TOWN CITY OR TOW	(YES, NO OR UNKNOWN)								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. P.M. 19 21d. IN JURY OCCURRED AT WORK AT WORK AT WORK 22a. I certify that (I) (this hospital) opended the deceased from sow the deceased alive an above. (II (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 22a. BURIAL, CREMATION, REMOVAL 23b. DATE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 23d. IOCATION COUNTY 23d. IOCATION COUNTY COUNTY 23d. IOCATION COUNTY COUNTY 23d. IOCATION COUNTY	cause (a), st underlying co	use last.	(c)		NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVEN II	N PART 1(0)	
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING AUSE OF DEATH OF CONTRIBUTING AUSE OF TOWN OF CONTRIBUTION OF CONTRIBU	190. DATE OF OPE	RATION	6 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	34	IN CERTIFYING	CAUSES OF	DEAT
273. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	OR COLUMNIC I	CAUSE OF DEATH	HOUR A.M. MONTH P.M.						
sow the deceosed alive an above. (II (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN SNAME (TYPE OR PRINT) 22d. PHYSICIAN SNAME (TYPE OR PRINT) 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY		T WHILE (E, FARM, ETC.	211. LOCATION STREET	CITY OR	TOWN C	OUNTY	ST
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e APPDRESS 22e APPDRESS 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	saw the dec above, (I) (w. 22b. SIGNATURE	eased alive an	1000 2/ 19	97.00	DEGREE	. MEDICAL S	TAFF	from the cou	uses sto
(SPECIFY)	7 55 7 9	NAME (TYPE OR PRINT)	mitte D	,		nell 7	N. J.		10
	(SPECIFY)	ON, REMOVAL 236	, ,-			CITY OR TOWN			st D

FEB 3

1987



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF MEATH . DECEASED NAME 26 DATE KNOWN DEATH IF ANY DEDXZES INCESSARY, PLEASE SES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. IN PM. 3, RETAIN PAGE PROUP FILES. AND 2 SHOULD BEFUE. THE INTO HOURS FUITA REGORDS. 20 (TYPE OR PRINT) OF ESTI-DEATH MATED Herbert William Case 3. SEX 4. RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED DEAD 04-17-12 Male White 76. CITIZEN OF WHAT COUNTRY? 7g BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. WIDOWED TO DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET Engineer Stevensville at his home, 210 Queen Anne Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Stevensville Maryland 24 HOURS AFTER DEATH. IF ITEM 18. GIVE PAGES 1, 2, ALONG WITH FORM PM 3, T PERMIT. PAGES 1 AND 2 \$ ITEM FORM FORM TO SEEME, DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Paul Case Emma Hunter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Michael H. Stem. 2183 Sam Creek Road. 212-10-8070 W.W.II Yes 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) ascus PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION MEETHS CAN WORLD

FORWARDED TO THE CHIEF M

FORWARDED TO THE CHIEF M

CTOR: PAGE 3 SHOULD BE USED A

HITHE STATE DEPARTMENT OF HEA

HITHE STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN TO MEDICAL EXAMINER THE EKECUIT THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR. PARTER DEATH, WITH THE STABALI MORE, MARYLAND. 21 Inspection X 22a I certify that I took charge of the remains described above, held an Autapsy Hamicide Undetermined manner death resulted from Natural causes

ADDRESS

23r NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

26 HOUR 530 1987 01 - 232d HOUR 19 9 BALTIMORE CITY OR COUNTY OF DEATH Queen Anne's County 126 KIND OF BUSINESS OR INDUSTRY 21666 210 Queen Anne Road LAST WestminPstar, MD BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO COLINTY STATE and in my apinion 23d. LOCATION COUNTY STATE Queenstown MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP

ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)

230 BURIAL CREMATION REMOVAL 236 DATE

Burial

24 FUNERAL DIRECTOR

01-28-87

Tom Helfenbein Funeral Homes, Chester. MD 21619

gas article mayer

property and the property of t

mentani way the near it was at the pulyvaleyes

egypte in the control of the control

Notes an passed bridger

Chich and Co. 1. 152 (2002), forced UVCL-6-21. 1 22. 1. 1 20

the desired the second of the second

BIRLES SAFERED STORY OF THE SAFERED STORY

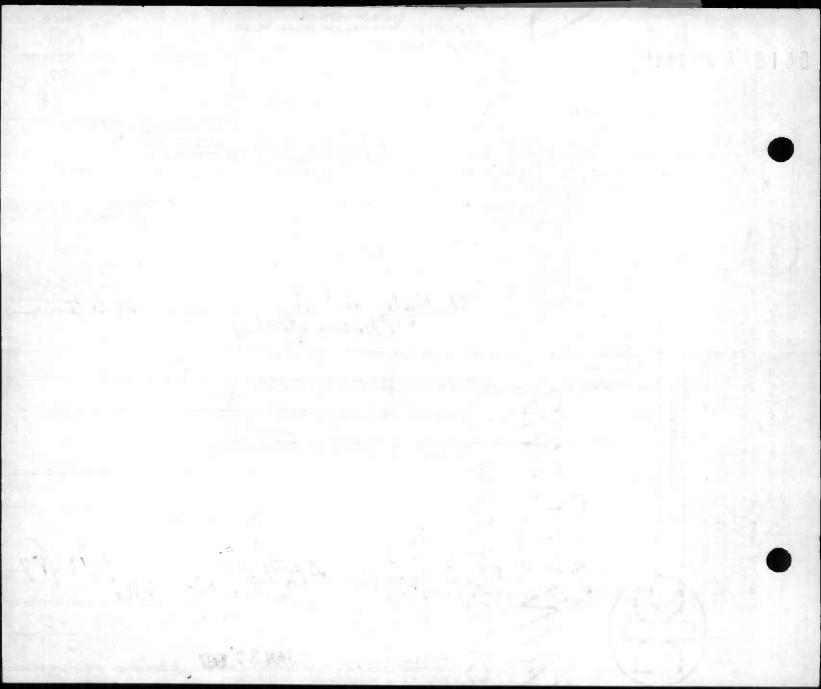
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR P DECE SED NAME MIDDLE 20 DATE KNOWN MONTH DAY R FILES. HOURS STREET, Lockerman Demby DEATH MATED 19 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2d HOUR PRONOUNCED YOUR Black DEAD Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Queen Anne's WIDOWED 1 DIVORCED 17a USUAL OCCUPATION (TYPE OF WORK CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING UFE) Sudlersville near FCORD B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 STREET ADDRESS Village 138. INSIDE CITY LIMITS? 13a STATE 13b COUNTY s SudIersvil Queen Anne FATHER'S NAME IS MOTHER'S MAIDEN NAME MICOLE LAST Edward MIDDLE Lockerman Ünknown 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION Pondtown. ND Bernice Tate APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) METWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate SED AS A BURIAL TRA HEALTH AND MENTA AL CREMATION, OR S cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION USED AS / 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE STATES EXECUTE THE CREATIFICATE, WRITING THE WIRE CHE PAGE 4 SHOULD BE FORWARDED TO THE CHE PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARXIGND, 21201 PRIOR TO BUBIN. YES NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK TO AT WORK 22a I certify that I took charge of the remains described above, held an Inspection X Autopsy and in my opinion death resulted from: Notural couses Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL DATE SKINATURE EXAMINER'S NA 10 TYPE OR PRINT ADDRES 23d. LOCATION 23 a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Riley Neck lington. Kent BP 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17

(VR A15 ME (5))

20M 4/B2

Fellows

STATE OF MARYLAND



URTANT: If Item 21 is morked or Item 18 shows ony injury, or other troum

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-			-	-	1
ls, 8	0	2	9		2
- "		- GH			

	1-	FOR - STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENES 7	10	029	176	1
21	I. DE		llen	MIDDLE Johns	J11	AST HOGUE	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	A
		ELLE	EN	丁	Н	OGUE	<u> </u>	01	13 87	2:52	M
	3. SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24	MIN.
		Female		hite	0	1 01 93	94	YRS.			
1		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY				
Ţ	10 61	Nebraska		SA	WIDOWE		Queen A				MD.
	6	Queenstown	R.	D. 2, Box	356	residence,	TYPE OF WORK FOR MOST WIFE	OF WORKING	LIFE) 126. KIND (INDUSTRY HO	DE BUSINESS ME	5 OR
1	13a. S		nAnne's	13c CITY OR TOW Queenst		13d. INSIDE CITY LIMITS?	R.D. 2, E	30x 35	56, 21	658	
Ċ	14 FA	Elisha	MIDDLE	Johnson		Charlotte	Reuber	ıa	Pat't	erson	
		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Son	ADDR	ESS R.I). 3, Bo	x 485	_
		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	214-74-	1703	Lester E. Ho	gue, Easton	, Md.	21601		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	PRAS A CONSEQUE	NCE OF	at aspir	ation pr	ticul	ria 2	MATE INTERVA	tain
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO E	EATH BUT		INAL DISEASE OR CON	1DITION G	IVEN IN PART 1	a ·	
2	CERTIFICATION	190. DATE OF OPERATION	19b CONE	DITION FOR WHICH	,	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES		,
)	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY M. MONTH DA [?] .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)		
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT	TE .
		220.1 certify that (1) (this hasp saw the seceased olive or above (1) (we) (did) (did no	tal) attended to 2 —	he deceased from 19 8		-28 19 80 nd that in (my) (our) opinion o	ta, taOl •			that (I) (we)	,
		Robert W	1. Tre	ver, M	. D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	(FF CIAN []	22c. DATE	SIGNED	7
		22d PHYSICIAN'S NAME (TYPE O		.D.		RD3 E	30x 297	Ea	notes	Md.2	1601
	1- B	BURIAL, CREMATION, REMOVAL	23b DATE	23€. №	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			-	
		Burial	Jan.1	6,1987 Wo	odlaw	nMemorialPark	Easton.		albot.	Md	E
		KALDIKECTOR Bar	ton Fun	eral Home		25a. DATI	E REC'D. BY REGISTRAR			URE	
		es H. Barton,	Jr., C	entrevill	e, Md	. 21617	-4002				

GIPES A JOHN THE STREET THE PARTY OF THE PARTY OF

stels .ca .el twee

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

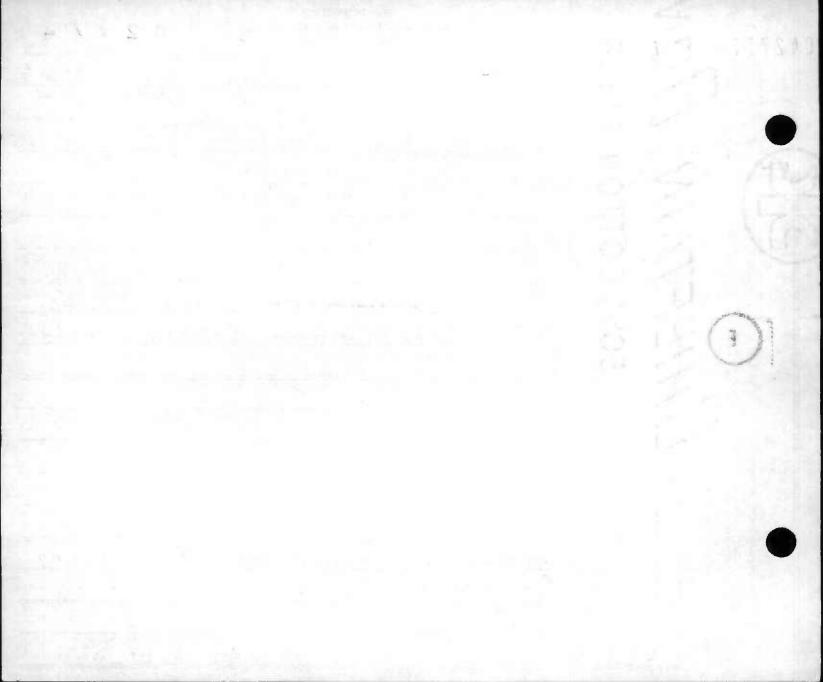
		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENES PREG. NO	0 2	9	15
	(TYPE	WILLIAM	Howard THOMA	McGINNE		AST	20. DATE OF DEATH Jan. 16, 1	MONTH DAY	YEAR	2b. HOUR 10:30 P _M
		Male	White		Feb.		6 AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR	IF UNDER 24 MRS HOURS MIN.
7	Ma	RTHPLACE ISTATE OR FOREIGN COUNTRY Aryland	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O Queen An	ne Co		MD.
	(TY OR TOWN OF DEATH Centreville	Merida	n (Corsci	a Hil	or other institution 1s) Nursing C	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O ENTER FAR		INDUSTRY	ner
7	13a. S Mai	AL RESIDENCE (IF NURSING HOME OR STATE 18th, COUNTY)	ITY	13c CITY OR TOW Chestert	N	YES X NO	13e.STREET ADDRESS / 113 Elm		2162	0
1	14. FA	THER'S NAME Lemuel McGin	mis	LAST		Clara Hof			LAST	Т
-	160 W	VAS DECEASED EVER IN U.S. AR (15 YES. GIV 10	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU 222 12 6		17 INFORMANT Elsie Weamer 1	ADDRE McGinnes	^{SS} Elm Cheste	ertown	
		18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	uia - reno ostati wik	al failce		APPROXI BETWEEN C	MAJE INTERVAL ONSET AND DEATH OFFICE S
7	CERTIFICATION	PART 2. OTHER SIGNIFICANT (NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	GS USED
/	MEDICAL CERT	2) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURR				NO L
	MED	2 Id. INJURY OCCURRED WHILE DOT WHILE DAT WORK	21e. PLACE LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR TO	vn Se	COUNTY	STATE
		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	. 1	and the second	,	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	deoth occurred on the do	F		
		22d. PHYSICIAN'S NAME (TYPE)	A .	1 Aun	,	22e ADDRESS CH6F	BUTOCUA	, Me	d	
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 1/19/8	37 C:	rumpt	emetery or crematory on Cemetery	Crumpton,	Md.	LOUNTY	STATE
		HWILLS	1)000	J. Wil: Cheste:	lis W		REC'D. BY REGISTRAR	Sb. REGISTRA	R'S SIGNATI	URE

DHMH - 16 60M 7/84

(VRA 15, 4)

TO HOSPITAL OR

BP.



04002	1
	_

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

			-1	- 14
0	2	7	1	-

STATE GEGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRS	MARION L.	RENTZ	Jan. 4, 1987	AY YEAR 2b. HOUR
Female	4. RACE white	S. DATE OF BIRTH MONTH DAY YEAR NOV 6, 1919	67 YRS	IF UNDER LYEAR IF UNDER 24 HRS ONTHS DATS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGH Pa. 10. CITY OR TOWN OF DEATH	USA	MARRIED AND NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OR COUNTY OR COUNTY OF COUNTY	OF DEATH A Tizh Kind of Business C
Church Hill	(IF NOT IN SUCH FACILITY, GIVE STREET	TADDRESS) 1 Bx 53C	(TYPE OF WORK FOR MOST OF WORKING LIFE	
Maryland Que	OUNTY 134 CITY OR TOV een Anne Church H	13d INSIDE CITY LIMITS? 111 YES NOX	RTe # 1 Bx 53 C	21623
Ernest Vail	MIDDLE LAST	is mother's maiden n	\mathbf{L}_ullet	Myers
	6. ARMED FORCES? 166. SOCIAL SECT 222 09 5 er anly one cause per line far (a CARC KUSED BY.	067 Harry E	Rt#1, Box Rentz (Husband)	53 C, ChurchH Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	nt conditions <u>contributing to</u>			WERE FINDINGS USED
an a	DE DEATH HOUR A.M. MONTH D	DAY YEAR	YES NO YES	
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceosed ali	nospital) attended the deceased from e an 12 18 19 19	86, and that in (my) (aur) opinia	n death occurred an the date and haur	and from the causes stoted
22d. PHYSICIAN'S NAME	()	ATTENDING PHYSICIAN 1 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	114187
230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
24 PLYNER M. DIRECTOR)/	1 seed III-Rec	racelawn Mem. Park	ATE REC'D. BY REGISTRAR 25b. REGISTR	V. C., Del.

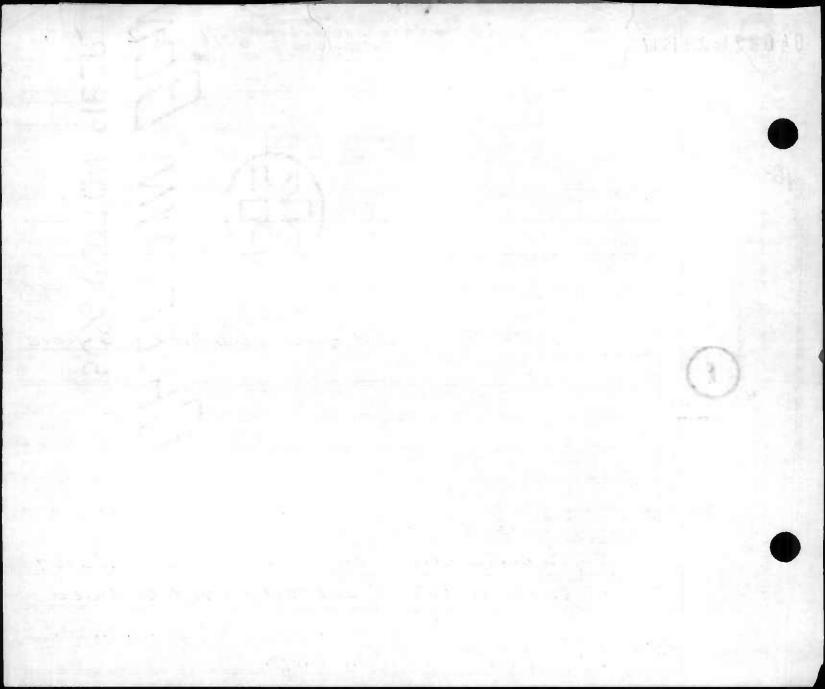
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT I

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept of Health and Mental Hygiene priar.



STATE OF MARYLAND					
	CTA	TT C	AF 81	ABVI	ABLD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	0	2	9	7	
		_			

	DEC	PASED NAME	FIRST		WIDDLE		LAST	2a DATE OF DEA	нтиом НТ	DAY YEAR	26 HOU
	,	PR PRINT]	Mvrt]	Le Cathe	rine To	olson		Januar	v 27. 1	1987	5:42
3	. SEX			4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS I		IF UNDER A YE	AR # UNDER
		Female		White		Jul		86	YRS	MONTHS DA	HOURS
17		THPLACE (STATE OF	FOREIGN	76. CITIZEN OF		TRY? 8		9 BALTIMORE C			
2		Jaryland		U.S.A		WIDOW	ED NEVER MARRIED L		Anne's	County	
天		Y OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NUI	IRSING HOME	OR OTHER INSTITUTION	120 USUAL OCC	UPATION	12b. KINI	D OF BUSINE
0	(Centrevil	le		an Nurs		me, Corsica H	(TYPE OF WORK FOR	ousewif		RY
	JSUA	L RESIDENCE (IF NUE	SING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BI	SEFORE ADMISSION)					
5	13a. ST	aryland	136 COU	A.	Queens		YES NO NO	Box 101	RESS / ZIP CO	obe	Rd.
~		THER'S NAME	1 4.				15. MOTHER'S MAIDEN N		Dorna	200 1 0.	2100.0
1	Jo	ohn W. Sur	mare	MIDDLE	ŁAST		Mary R. E	MIC	DDLE		LAST
-		AS DECEASED EVE		RMED FORCES?	16b. SOCIAL S	SECURITY NO.	17. INFORMANT		ADDRESS	7.77	
1		NO OR UNKNOWN)		VE WAR OR DATES)	CAS TO	6-8436	Edna Schultz	R+ 1	Box 82	Chast	en MT
/ -							Edia Scharoz	, 40.	DOX OZ,		ROXIMATE INTER
		18 CAUSE OF DEA PART I. DEATH \	VAS CAUSE	D BY	line to loi, (b)	, ond icu				O.E. W.E	EN ONSET AND
	- 1		IMMEDIA	TE CAUSE (o)	A >	>				120	uno
	- 1									71	
	- 1			DUE TO, O	R AS A CONSE	EQUENCE OF					
7.69		Conditions, if any		((b)							
	- 1	gove rise to im									
						·					
		couse (o), state	ng the	DUE TO, O	R AS A CONSE	EOUENCE OF				10	
	4		ng the	DUE TO, O	R AS A CONSE	EOUENCE OF				Ç.	
		underlying cous	ng the e lost	(c)			T NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION	GIVEN IN PART	110
		underlying cous	ng the e lost	(c)			T NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION C	GIVEN IN PART	lio
		underlying cous	NIFICANT	conditions <u>co</u>	ONTRIBUTING	TO DEATH BUT	T NOT RELATED TO THE TER	MINAL DISEASE OR	2 20b. IF Y	YES, WERE FIN	IDINGS USEI
7		cause (a), stofi underlying cous	NIFICANT	conditions <u>co</u>	ONTRIBUTING	TO DEATH BUT		20g AUTOPSY	2 20b. IF 1	YES, WERE FIN TIFYING CAUS	IDINGS USEI SES OF DEAT
7		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	DN WAS PERFORMED	200 AUTOPSY	2 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	IDINGS USEE SES OF DEAT NO
14.1	CERTIFICATION	PART 2 OTHER SIG	INIFICANT	(c) CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	DN WAS PERFORMED	200 AUTOPSY	2 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	IDINGS USEE SES OF DEAT NO
14.1	CERTIFICATION	PART 2 OTHER SIG	ATION ADERLYING CAUSE OF DE	CONDITIONS CO	ONTRIBUTING UITION FOR WH	TO DEATH BUT	DN WAS PERFORMED	200 AUTOPSY	2 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	IDINGS USEE SES OF DEAT NO
14.1	CERTIFICATION	PART 2 OTHER SIG	ATION ADERLYING CAUSE OF DE DICAL EXAMINE	CONDITIONS CO	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING	DAY YEAR	211c HOW INJURY OCCU	200 AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES 3 8 PART I ORPART	IDINGS USEE SES OF DEAT NO [
14.1	REDICAL CERTIFICATION	PART 2 OTHER SIG	INIFICANT ATION HOBERLYING CAUSE OF DE CREED CHIEF CAUSE C	CONDITIONS CO	ONTRIBUTING OF INJURY .M. MONTH .M.	DAY YEAR	21¢ HOW INJURY OCCU	200 AUTOPSY YES NO RRED (ENTER NATURE O	2 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	IDINGS USEE SES OF DEAT NO
14.1	MEDICAL CERTIFICATION	PART 2 OTHER SIGNATION OF COUNTRIBUTING (FEITHER NOTEY MEE 21d INJURY OCCURATION OF COUNTRIBUTING WHILE NOTEY MEE AT WORK AT WAS	INTERPRETATION ATION ADERLYING CAUSE OF DE DICAL EXAMINE RRED ORK	CONDITIONS CO	ONTRIBUTING UITION FOR WH DE INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	211c HOW INJURY OCCU	200 AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES 3 8 PART I ORPART	IDINGS USEE SES OF DEAT NO [
14.1	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTERCENT OF THE CAUSE OF DE DICAL EXAMINE PRINCE DORAL EXAMINE DORAL EX	CONDITIONS CO	ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	211 LOCATION STREET 19 85	200 AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES 8 PART I ORPARI	DDINGS USEI SES OF DEAT NO [2]
14.1	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTERCENT OF THE CAUSE OF DE DICAL EXAMINE PRINCE DORAL EXAMINE DORAL EX	CONDITIONS CO	ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	211c HOW INJURY OCCU	200 AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES 8 PART I ORPARI	DDINGS USEI SES OF DEAT NO [2]
14.1	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTERCENT OF THE CAUSE OF DE DICAL EXAMINE PRINCE DORAL EXAMINE DORAL EX	CONDITIONS CO	ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	211 LOCATION STREET 19 85	200 AUTOPSY YES NO RRED (ENTER NATURE O	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES COUNTY	DINGS USEI SES OF DEAT NO [2] that (I) (1) the couses sta
14.1	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTERCENT OF THE CAUSE OF DE DICAL EXAMINE PRINCE DORAL EXAMINE DORAL EX	CONDITIONS CO	ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	211 LOCATION STREET 210 d that in (my) (a) apinis	200 AUTOPSY YES NO RRED (ENTER NATURE (20b IF VIN CER IN CER OF INJURY IN ITEM 1	YES, WERE FIN TIFYING CAUS YES COUNTY	DINGS USEI SES OF DEAT NO [2] that (I) (1) the couses sta
14.1	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTELLATION ATION ADERLYING CAUSE OF DE DICAL EXAMINE CREE ORK I) (this hosp sed olive or reday (did no	CONDITIONS CO	ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	211 LOCATION STREET 210 d that in (my) (a) apinis	200 AUTOPSY YES NO RRED (ENTER NATURE O	20b IF VIN CER IN CER OF INJURY IN ITEM 1	YES, WERE FIN TIFYING CAUS YES COUNTY	the couses sto
14.1	MEDICAL CERTIFICATION	PART 2 OTHER SIG	THE CANTER OF TH	CONDITIONS CO	ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	DAY YEAR 19 FICE FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY YES NO RRED (ENTER NATURE OF THE	20b. IF Y IN CER OF INJURY IN ITEM 1 OF TOWN The date and h STAFF HYSICIAN	COUNTY 19 22c. DA	DINGS USEI SES OF DEAT NO [2]
7	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTELLATION ADDRESS OF DE COCK EXAMINE RED COCK EXAMINE	21b. TIME CONDITIONS C	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF re deceased fro	DAY YEAR 19 FICE FARM ETC.)	211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING PHYSICIAN 22e. ADDRESS Grasonville	200 AUTOPSY YES NO RRED (ENTER NATURE OF OTHER OTHER NATURE OF OTHER OTHER NATURE OF OTHER OTH	20b. IF Y IN CER OF INJURY IN ITEM 1 OR TOWN The date and h STAFF HYSICIAN Center	COUNTY 19 22c. DA	DINGS USEI SES OF DEAT NO [2]
7	MEDICAL CERTIFICATION	PART 2 OTHER SIGNATION PART 2 OTHER SIGNATION 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUP WHILE NOTIFY MEE AT WOOK AT WILL SOW the decopobove, (IF EITHER NOTIFY THE CONTRIBUTION) 22d. PHYSICIAN'S NOTIFY AT WILL 22d. PHYSICI	INTELLATION ATION ATI	21b. TIME CONDITIONS C	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING M. OF INJURY REEL, FACTORY, OFF ontributing ontributin	DAY YEAR 19 FICE FARM ETC.)	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS Grasonville CEMETERY OR CREMATORY	200 AUTOPSY YES NO RRED (ENTER NATURE OF THE	20b IF Y IN CER FINJURY IN ITEM 1 OR TOWN The dote and h STAFF HYSICIAN Center N	YES, WERE FIN TIFYING CAUS YES 8 PART I ORPART COUNTY 19 22c. DA COUNTY	the couses sto
7	MEDICAL CERTIFICATION	PART 2 OTHER SIGNATED ACCIDENT WAS UPON THE SIGNATURE OF OPERATION OR CONTRIBUTING OF CONTRIBU	INTELLATION ATION ATI	21b. TIME CONDITIONS C	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING M. OF INJURY REEL, FACTORY, OFF ontributing ontributin	DAY YEAR 19 FICE FARM ETC.)	211 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING PHYSICIAN 222 ADDRESS Grasonville CEMETERY OR CREMATORY Mem. Park	200 AUTOPSY YES NO RRED (ENTER NATURE (CIT MEDICAL DIRECTOR P MEDICAL 1234 LOCATION	20b IF VIN CER IN CER OF INJURY IN ITEM 1 OR TOWN The dote and h STAFF HYSICIAN Center N WN	YES, WERE FIN TIFYING CAUS YES 8 PART I ORPART COUNTY 19 22c. DA Graso COUNTY Talbot	that (I) (i) the couses sto

DHMH - 16 60M 7/B (VRA 15, 4)

BP.

FOR

THE THE PART OF TH DOG STATE OF THE S DOUGH II. Distriction Bols at the comment of the state of the stat the partitions of the first to the releases the same of the same o

With the the control of the property of the property of